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ABSTRACT

This practicum addressed the problem of high school students with speech and language impairments not receiving available support services because of under-identification of this population. A 3-month multiple channel public relations campaign was designed and implemented to train high school teachers in the identification and referral process. The campaign aimed to increase teachers' awareness of communication disorders in adolescents, the availability of services for these students, and the teacher's role in the identification process. Analysis revealed that, following the campaign, the frequency and appropriateness of referrals for speech language services were increased. Providing information to teachers via inservice training proved to be the most potent aspect of the public relations campaign. Classroom observations of referred students formed a basis for increased collaboration between the speech language pathologist and high school teachers. Appendices include a teacher questionnaire, classroom observation form, a pre-evaluation flow chart, a pragmatic skills checklist, and sample newsletters. (Contains 37 references.) (Author/DB)

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Increasing Frequency and Appropriateness of High School Teachers' Referrals for Speech Language Support Services by Implementing a Public Relations Campaign

by

Linda E. Weiner

Cluster 57

Practicum I Report Presented to the
Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

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Approved:

3-16 94
Date of Final Approval of Report

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ABSTRACT

Increasing Frequency and Appropriateness of High School Teachers' Referrals for Speech Language Support Services by Implementing a Public Relations Campaign. Weiner, Linda E., 1994: Practicum Report, Nova Southeastern University, Ed.D. Program in Child and Youth Studies. Speech Language Disorders/Identification/Referrals/Communication Disorders/Inservice Training/ Public Relations/Elementary/Secondary/Teacher Education.

This practicum was designed to address the problem of high school students with speech and language impairments not receiving available support services because of under enumeration of this population. A three month multiple channel public relations campaign was designed and implemented at the high school to train teachers in the identification and referral process by increasing teachers' awareness of communication disorders in adolescents, the availability of services at the high school for these students, and their role in the identification process.

The writer established criteria to evaluate the appropriateness of teachers' referrals. Students referred for speech and language support services were screened individually and observed in their classrooms. Follow-up consultation meetings with teachers were held to discuss screening results.

Analysis of the data revealed that high school teachers can reliably identify students with speech and language disorders in their classrooms. Providing information to teachers via inservice training proved to be the most potent aspect of the public relations campaign. The frequency and appropriateness of referrals for speech language services was increased. Classroom observations of referred students formed a basis for increased collaboration between the speech language pathologist and high school teachers.

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CHAPTER 1

INTRODUCTION

Description of Community

The writer works in the fifth largest school district in the nation, with approximately 191,000 students attending 257 different schools. Over 70% of the multi-ethnic and multiracial student body are from low income families meeting the financial need requirements to entitle participation in federal compensatory education programs. The student body is 62.6% African American, 23.1% White, 9.7% Latino and 4.4% Asian.

Writer's Work Setting and Role

As a speech language pathologist for a large urban school district, the writer provides itinerant support services for students with speech and language disorders. The writer is assigned to one elementary school with a student population of 685 and one high school with approximately 1,377 students.

The high school offers a comprehensive program with both academic and vocational tracks. Students from throughout the city may attend the special magnet programs such as the Business Academy and Communication Corps. Only 20% of the students are from the neighboring community. It has a diverse student population; 67% are minority. Of the 1,377 students at the high school,

260 are receiving varying degrees of special education services. Over 38% of the students who begin ninth grade at the high school never graduate. This compares to about an 8% to 13% dropout rate in the city. In the last year's graduating class 55% of the students, a total of 118, had plans to continue their education in college or through some type of vocational training program.

In 1989, a renewal team was created to breathe new life into the school, and it was charged with the responsibility of formulating a plan for educational reorganization. There are currently 10 teachers out of a total staff of 73 that are serving on this team. The primary goals of the renewal team include: (a) increase student attendance, (b) decrease student lateness, (c) increase student achievement, (d) increase parent involvement, and (e) promote staff development.

The speech language pathologist's duties in the educational setting are extensive in scope and responsibility. The primary roles of the speech language pathologist are: (a) the identification of students with speech and language disorders, (b) diagnostic assessment of the student's communication disorder and its impact on academic performance, (c) individualized educational program development, (d) program documentation as required by law, and (e) provision for direct intervention with students. In addition, the speech language pathologist provides consultation services to parents, teachers and other school personnel. The speech language pathologist is responsible for coordinating services with the student's regular or special education program.

The writer has worked as a speech language pathologist in the educational setting for 23 years. Throughout this time span the writer has covered over 50 different school assignments. Educational training includes a

Bachelor of Science degree in speech and hearing and a Master of Arts degree in speech pathology. The writer holds the Certificate of Clinical Competence in Speech Language Pathology from the American Speech Language and Hearing Association.

There has been a paradigm shift in school speech language services over the last ten years. Traditionally, the speech language pathologist removed students from classrooms either in small group or individual sessions in order to correct speech handicaps . The current focus is to work in more natural environments and provide intervention for language impaired youth in the more meaningful context of the classroom (Miller, 1989). Nelson (1989) suggests using the students' curriculum content for identifying a student's language intervention needs and measuring progress. The speech language pathologist's expanded role is defined as a consultant to the classroom environment. Therapeutic intervention is designed to facilitate a student's academic success by improving his or her communication skills in the classroom (Conners & Welsh, 1993; Egar, 1992; Ripick, 1987).

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

At the high school there are 73 faculty members. The faculty includes 55 regular and 18 special education teachers. There were relatively few students from mildly handicapped and regular education classes identified for speech language support services. It would be expected that at least 3.5% of the students from mildly handicapped and regular education classes would be eligible for speech language support services (Metropolitan Consortium of Lead Speech-Language Pathologists, 1988). Only 1% of the students from these classes were identified with communication disorders.

It has been a long established practice that speech language pathologists working in the public schools conduct yearly screenings to identify students with possible speech and language impairments. These are usually performed in the elementary school years. Identification of students with communication disorders at the high school level is highly dependent on the referrals of teachers and other professionals including the previous speech therapist, counselors, psychologists, nurses, administrators, etc. However, the professionals working with adolescents lack knowledge of service delivery in the field of speech language pathology.

Lack of verbal ability at the high school level may surface as emotional or behavioral problems. Reports from research and psychiatric clinics reveal a 50% incidence of speech language disorders in emotionally disturbed youth (Prizant, et.al., 1990). Roth and Nicholson (1990) found that higher verbal ability was associated with successful mainstreaming for 60 students at a day treatment center for violent youth. While it is suspected that teachers are well aware of these students' school adjustment problems, it has not led them to infer a possible language disorder base. These students are frequently placed on suspension when they exhibit antisocial behaviors.

With implementation of PL 94-142 more students with learning disabilities from formerly isolated educational programs are being mainstreamed into the regular classrooms. Regular education teachers are not informed about these student's special learning needs. When these students experience academic difficulty, teachers may consult with the school psychologist. The teachers do not seek the assistance of the speech language pathologist for their academically troubled students.

An attempt had been made in the past to identify students from the mildly handicapped population who have speech and language impairments. A letter was sent to special education teachers inviting them to refer students who they thought could benefit from speech language therapy. Information provided to the teachers consisted of the writer's current caseload of students with their identified speech language disorder delineated. The writer believed that providing teachers with a list of students familiar to them who were already receiving speech and language services would be an incentive for them to identify additional students. This particular method has been tried over the last three

years and has not increased the number of referrals for speech and language therapy from the special education teachers.

The problem was that adolescents with speech and language impairments were not receiving support services because of an under identification of this population. The number of teacher referrals for speech and language support services at the high school did not reflect the probable incidence of speech and language disorders for mildly handicapped and regular education students.

Problem Documentation

The primary evidence to support the existence of the problem was an analysis of the writer's current caseload. At the high school, 29 of the 30 students in the three classrooms for the trainable and severely mentally handicapped were identified as speech and language impaired. They are currently receiving some level of speech language support service. There were 12 out of 260 mildly handicapped special education students receiving speech language support services. There were 2 students out of the 1,117 in regular education on the speech language therapy caseload. The breakdown of the speech language caseload by disorder was as follows: (a) 31 students with language impairments, (b) 4 students with articulation disorders, (c) 2 students with fluency disorders, (d) 6 students with articulation and language disorders, and (e) no voice cases. Because of low caseload numbers, the writer's time allotment has been reduced at the high school for the current school year.

Over the course of the last three school years, there were a total of 13 referrals for speech language support services. Speech and language screenings of the 13 students revealed 4 students to be appropriate for further evaluation and speech and language services. To be eligible for speech and

language services a student must have a moderate to severe speech or language disorder as determined by the administration of at least two standardized tests. In addition, the communication disorder must be impacting on the student's educational performance. Succinctly stated, a mild communication disorder causing a negative effect on a student's classroom performance would make the student eligible for speech and language support services.

Examination of speech and language program records reveals few if any formal requests for consultation with the speech language pathologist from the teachers at the high school. The writer has relied on informal social interactions with teachers to discuss mutual concerns about students on the writer's caseload. Regular education teachers do not routinely participate in speech and language programming meetings. Special education teachers are not excused from classes to participate in team meetings.

Causative Analysis

There are many possible reasons why high school teachers were not making referrals for speech language support service. Teachers may have received little or no training in the field of speech language pathology and therefore do not have the information base to make informed judgments about who should be referred for speech and language intervention. They may not link children's academic failures to language disorders. They may not be aware that a speech language pathologist can provide intervention for students who are suffering from communication apprehension in the classroom. Students, for example, who fear giving oral reports or do not volunteer to respond to questions are clearly in need of intervention. High school teachers may not be aware of the

high correlation between emotional behavioral disorders and language impairment.

Teachers may believe that intervention for speech and language disorders is only provided in the elementary years. They may have formed the erroneous notion that it is too late if a speech disorder has not been corrected by the time a student gets to high school. Perhaps a high school teacher is aware of a student's communication difficulties but assumes that the child is already receiving service.

On the other hand, the cause of the problem may be that speech language pathologists do not market their programs effectively. Speech language pathologists overburdened with high caseloads, tight schedules, and ever increasing special education documentation requirements may not take the time to market their programs. They might fear that if more clients are identified, there may not be time to schedule the additional students for intervention.

In a large departmentalized high school the teachers may not know the speech language pathologist. Because speech language pathologists frequently are assigned to schools on an itinerant basis, they may be viewed by the teachers as being outside the mainstream of the school faculty. Teachers may not regard the speech language pathologist as being part of their instructional team.

Relation of the Problem to the Literature

A review of the literature revealed that little if any work has focused on referrals of adolescents for speech and language services. McKinley and Larson (1985) discuss how secondary school teachers are unaware of the services available to help students with communication difficulties. They warn that failure

to educate others regarding speech language services for adolescents could lead to a demise of speech language services in the secondary school.

Studying the elementary school teacher's ability to identify speech handicaps, Clauson and Kopatic (1975) found that teachers over identified normal students as impaired. Furthermore, 82% of the teachers in their study did not identify a stutterer as impaired. After providing a two day training workshop to elementary school teachers, 50% of the students who would have been referred for speech language services before training were not judged impaired by teachers after training (Pickering, 1976). Earlier work by Diehl and Stinnett (1959) documented elementary school teachers' referrals for speech language services at 60% accuracy. Following up on the Diehl and Stinnett study, James and Cooper (1966) provided elementary school teachers with a written statement defining and describing speech handicaps before asking them to make referrals for speech therapy. This resulted in a 40% accuracy rate of teachers' identification of students with speech handicaps. Although the teachers were not necessarily more accurate when provided with written information, they did make statements indicating that they felt more comfortable making referrals when they were given written descriptions of speech disorders.

The relationship between language ability and emotional behavioral problems has been well documented (Giddan, 1991; Mack & Warr-Leeper, 1992; Prizant, et. al., 1990; Roth & Nicholson, 1990) with as high as a 50% incidence of speech and language disorders in this population. Prizant comments that psychiatrists and psychologists are less aware than speech language pathologists of the relationship of language impairment to emotional behavioral problems. Teachers may also be unaware that students with chronic behavior

problems have been shown to have more difficulty with abstract language, language concepts, and linguistically complex structures. Problems in language production and comprehension can result in academic problems that can further compound behavioral problems. Anderson (1992) suggests that black males are labeled behavior disordered and placed in special education classes because of their conversational patterns and poor social skills.

When Bennet and Runyon (1982) polled educators regarding the impact of speech language disorders on academic success, they found that elementary teachers were not aware of the impact of language disorders on classroom performance. If teachers are not aware of this relationship then it would be expected that the school psychologist, who is frequently the head of the educational assessment team, would be aware of this fact and forward appropriate cases to the speech language pathologist. A survey of school psychologists (Ganshaw, Sparks, and Helmick; 1992) revealed 50% referred less than 10% of students with suspected learning disabilities for speech and language evaluations. Psychologists, according to Ganshaw et al., tend to think of learning disabilities as perceptual disorders rather than difficulties in language processing.

Speech pathologists working in the schools typically have reported much lower caseload numbers for voice disorders than would be expected. The projected number of voice disorders in the school age population is 6% to 10% (Davis & Harris 1992). Davis & Harris found that elementary school teachers without prior training could discriminate between taped samples of normal and disordered voices. If teachers can detect abnormal vocal quality it may not necessarily lead them to pursue appropriate services for students with vocal

problems. Teachers need to refer students with voice disorders to the speech language pathologist (Mower, 1978).

Conner and Welsh (1993) comment that collaboration has been philosophically accepted by the speech language professional but has not yet become a reality. Egar (1992) urges speech language pathologists to make their area of expertise accessible to all at-risk students. For example, communication apprehension is a treatable factor related to some high school students' decisions to drop out of school (Monroe, Borzi, & Burnell, 1992). Teachers with limited perception of the speech pathologist's knowledge, technical training, and therapeutic expertise would not refer these reticent students for the speech language support services available within the high school.

A teacher's perception of the speech language pathologist's role in the school setting may be a reflection of the speech language pathologist's lack of self esteem. Many speech language pathologists, according to Van Hattum (1983), are not personally convinced of their own self worth. They may not be willing to make a commitment to increasing public awareness of their services because of their own feelings of inadequacy. Van Hattum suggests that speech language pathologists change their personal view from one who assists others to one who takes responsibility for total case management.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goals and Expectations

The goal of this practicum was identification of high school students with communication disorders who were eligible for speech language support services. It was anticipated, as a result of this practicum, that teachers would: (1) demonstrate an increased knowledge of communication disorders in adolescents, (2) have increased awareness of the speech language support services available for students within the high school, and (3) increase appropriate referrals for speech language support services.

Expected Outcomes

The following outcomes were projected for this practicum:

1. There would be an increase in the number of students from mildly handicapped and regular education classes referred to the speech language pathologist. For the last three years, the average number of referrals was three or four a year. It was expected that this number would increase to six.

2. In the past, three out of five students referred to the speech language pathologist for screening were considered appropriate for further evaluation. It

was anticipated that the appropriateness of new referrals would increase to four out of five.

3. The number of regular education and mildly handicapped students on the speech therapy caseload would be increased by five.

4. There would be an increase in teacher awareness of the speech language support services available within the high school.

5. Teachers would demonstrate a clearer knowledge and understanding of communication disorders in adolescents.

6. The frequency of consultations between teachers and the speech language pathologist would increase.

7. There would be an increased number of new teachers making referrals for speech language support services. It was anticipated that there would be at least five additional referral sources.

Measurement of Outcomes

Evaluation tools included questionnaires, frequency counts of the number of teacher referrals, documentation regarding the appropriateness of teacher referrals, classroom observation data, and logs of teacher consultations.

Initially, questionnaires asking for check-off responses on a 1 to 4 Likert rating scale were placed in faculty mailboxes. (see Appendix A) Teachers were asked questions regarding their knowledge and understanding of speech and language disorders, the impact of these disorders on students' classroom performance, and their awareness of speech and language programs at the high school. A cover letter to the questionnaire explained its purpose, directions for its completion, and where to return it. (see Appendix B) The same questionnaire

was distributed at the completion of the practicum so that pre and post intervention responses could be compared.

Criteria was established to yield a count of the total number of appropriate referrals. The total number of teacher referrals was compared with previous years' records. A student referred for speech and language services would be considered appropriate if any of the four following criteria was met:

1. The student failed a mini-screening language test (Prather, et. al., 1991).

2. A speech screening by the speech language pathologist revealed the presence of an articulation, fluency, or voice disorder.

3. A classroom observation by the speech language pathologist demonstrated that the student was experiencing academic problems due to communication difficulties.

4. The student expressed excessive concern or anxiety about his or her ability to communicate with others in the school environment.

To insure consistency for data analysis, classroom observations were documented on a form delineating significant teacher and student communication behaviors. (see Appendix C) This ethnographic information served as a basis for follow-up consultations with teachers.

A student oral interview questionnaire was utilized to document students' feelings about their communication abilities. (see Appendix D) Comparisons between the teacher's perception of a student's communication difficulty and the student's internal response to his or her communication ability were made. It was anticipated that at least four out of five of the teachers' referrals would be

reflected in the student's expression of personal concern as documented on this questionnaire.

The number of teacher consultations was documented on a speech and language pre-evaluation flow chart. (see Appendix E) Comparison of the number of consultations held during the implementation phase of this practicum was compared with the number of consultations held in the same three months in the last school year. Review of the pre-intervention flow charts yielded the number of referrals, screening results, student responses to questionnaires, summary of classroom observations and documentation of follow-up consultations held with teachers.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solutions

The problem the writer confronted at the high school was adolescents with speech and language impairments not receiving available support services because of under identification of this population. Primarily, the speech language pathologist working in the high school setting is dependent upon referrals from teachers and other professionals as a source for locating students with communication disorders.

Speech language pathologists have been encouraged to advertise and market their services. McKinley and Larson (1985) discuss how secondary school teachers need to be made aware of the services available to help students with communication impairments by providing in-service training to teachers. They suggest that speech language pathologists working with adolescents spend time marketing their services by disseminating information to other professionals. A marketing plan is based on specific goals and objectives and promotes the development of professional relationships (Smith, 1990). To promote a cause, the professional uses message repetition (Bloomenthal, 1971); and according to Fiyiki and Brinton (1984) the principle of message repetition applies to in-service training as well. A multiple channel approach is defined as

"disseminating information concerning a given subject on the target audience by utilizing several types of media and methods of communication to surround and inundate audience with content" (Cantor, 1984, p.426).

Teachers may have difficulty identifying children with speech and language impairments. Pickering (1985) found that in-service training for teachers, which included explanation and demonstration, was the most effective method for increasing the accuracy of teachers in identifying speech disorders. DeGregorio and Polow (1985) found that training teachers to accurately identify disordered voices could be accomplished through three 75 minute training sessions. Damico and Oller (1980) reported that providing specific characteristics for language referrals was effective in increasing elementary school teachers' identification of true language impaired students, however, the number of referrals fell off with increasing grade levels. They hypothesized that language disorders may be harder to "spot" at the higher grade levels. When criteria for language referrals was based on students' production of syntactical structures, teachers were 61% accurate in identifying language impairments, but teacher accuracy increased to 82% when pragmatic criteria was provided.

Magnotta (1991) discusses how speech language pathologists should work to change their perceived role from speech teacher to speech language consultant specialist. Eger (1992) and Johns (1990) suggest that speech language pathologists use the business principles of total quality management to become more "consumer" based. The customer-oriented marketing plan views the customer as the logical center or focal point of the planning process (Stevens, Loudon, & Warren, 1991). Tomes and Sanger (1986) relate how ideas for in-service training should be elicited from colleagues in other disciplines.

Johns (1990) suggests building a case for referrals by letting teachers know how their jobs will become easier after students receive appropriate support services. For example, teachers who are concerned about student behavior may not perceive the connection between behavioral disorders and communication impairments. In fact, increasing the verbal and social skills of behavior disordered students can lead to better chances for successful mainstreaming (Anderson, 1992; Reganick, 1991; Roth & Nicholson, 1990). Referrals for speech and language support services could be promoted as an alternative to school suspension for students with behavior problems.

Current best practices for language impaired youth calls for a focus away from the student as the source of the problem toward the complex variables such as different teacher styles and different classroom requirements affecting student learning (Miller, 1989). A speech language evaluation should include observations across situations (Nelson, 1989; Prizant, et.al., 1990). Information gleaned from classroom observations can subsequently serve as a basis for further collaboration between the classroom teacher and the speech language pathologist.

Additional ideas for marketing of speech language services are: (a) Changing the name of "speech therapy" to something clever and appealing to adolescents; (b) Making administrators aware of the relationship between language impairments and the high school dropout rate; (c) Distributing articles from the professional literature as well as appropriate pamphlets from the American Speech Language and Hearing Association; and (d) Making presentations to the student body about communication impairments while encouraging the students to request therapy by self-referral.

Description of Selected Solution

The writer chose to implement a public relations campaign at the high school to increase teacher awareness of the speech services available to adolescents with communication impairments and of their role in the identification process. The public relations campaign incorporated the marketing principles of message repetition and multiple channels of communication. Auditory and visual modes were used in an effort to "bombard the senses" with the writer's message. The writer attempted to nurture the teachers' own need for professional growth while engaging their participation in the diagnostic process.

The writer disseminated information regarding the nature of communication disorders and the impact of these disorders on adolescent school performance. The campaign included the distribution of a speech language newsletter, a bulletin board display, articles in the school newspaper, and teacher in-service training. Professional visibility was increased as the writer attended faculty and departmental meetings to make brief but formal presentations to teachers on the identification of speech and language disorders in adolescents, the effects of communication disorders on classroom performance, and the benefits of speech language therapeutic intervention for adolescents.

It was anticipated that an increase in the appropriateness and frequency of teacher referrals for speech language support services would be increased as a result of the public relations campaign. The intent was to broaden the teachers' conception of the speech therapist from one who only works on articulation and fluency disorders to that of a communication specialist and educational consultant. Changing the focus of speech language assessment from standardized norm referenced tests toward student centered, observational, and

mastery of class content approaches would form a basis for effective collaboration between the teachers and the speech language pathologist.

Report of Action Taken

Initially, the writer met with the principal and two assistant principals to describe the public relations campaign and review the writer's implementation plan. It was repeatingly stressed that the goal of the campaign was to identify students eligible for speech and language support services. A schedule of department meetings was obtained so that in-service training sessions for department meetings could be scheduled. The principal suggested that the writer meet with the individual department heads to schedule the presentations. The writer subsequently met with the heads of the business, math, and English departments. The offer to communicate was met with varying degrees of enthusiasm from the department heads. For example, the business department head had nothing planned for his next meeting and was quite pleased to relinquish the entire agenda for the writer's in-service training plan. The math department head was reluctant to disrupt an already crowded agenda but agreed to give the writer a brief five minutes to speak to that group.

The teacher questionnaire was placed in teacher mailboxes with a cover letter. This explained the purpose, and gave directions for completion and the return of the form. Although the awareness questionnaire was originally planned as a source of data about the effectiveness of this public relations campaign, the writer understood the questionnaire was also a method of reaching the intended audience with publicity about the speech and language program. The cover letter provided the teachers with the name of the speech language pathologist and the location of the speech office at the school. In "The Renewal Factor"

Waterman (1987) suggests that measurement systems are part of the explicit and implicit ways for getting organizations to pay attention.

For the remainder of the first month of implementation the writer pursued several additional avenues for publicity about the speech and language program. A speech language newsletter was distributed to the faculty (see Appendix G) with general information about the identification of communication disorders. The teachers were invited through the newsletter to refer students with speech disorders or language impairment to the speech language pathologist.

Drawing from the suggestions made by Swedmark (1979) on the design of exhibits for public relations purposes, a bulletin board display titled, "Poor Communication - It's No Joke" was placed in a centrally located area of the school. White background with black lettering was used for emphasis. Several magazine style cartoons were mounted on red backing with themes related to communication. The speech and language department was identified at the bottom of the display.

The writer spoke with the editor of the school newspaper about placing an article in the next issue regarding the speech and language program. The writer had both current and former students write articles for the school newspaper about their positive experiences with speech and language services at the high school. These were edited and submitted to the editor of the school newspaper for subsequent publication.

During the second month of implementation, the writer made several in-service presentations for faculty members and began screening procedures for referrals. Initially, the writer had planned to make presentations only to small groups of teachers at their department meetings. It was hypothesized that the

small group format would offer an informal atmosphere conducive to the exchange of ideas, to discussion about specific students, and for referrals for speech and language services. The writer prepared all materials necessary for the in-service presentations for the individual department meetings (i.e., script notes, and duplication of handouts) that were scheduled for various dates throughout the month.

A presentation that was scheduled for the high school business department was canceled due to a last minute school board decision to close schools for that afternoon to give the teachers an opportunity to discuss school discipline. As an alternative plan, one of the assistant principals invited the writer to give a speech, with a strict time limitation of ten minutes, to the entire faculty on that day. The writer seized this opportunity to both publicize the speech and language program and address a common concern, students with behavior problems. The theme of the original presentation was altered to coincide with the intended purpose of the faculty meeting. The writer centered this presentation on the high correlation between language impairment and emotional behavioral problems in adolescents. The fact that speech and language support services might serve as a valuable resource for these students was emphasized. Teachers were given a pragmatic skills checklist (see Appendix F) to aid in their identification of students with language disorders through guided observation of student classroom communication. Its use was delineated during the course of the oral presentation and additional in-service presentations were presented as scheduled for the math and English department meetings.

A systematic procedure for evaluating the appropriateness of teacher referrals was followed for each student. First, the student was seen individually

and given a brief explanation for the purpose of the interview. Specifically, the speech language pathologist stated that one of their teachers had expressed concern about their communication skills and the purpose of the screening test was to find out if these concerns were accurate. Following the administration of a language screening test, the students were asked to respond to an oral interview questionnaire regarding their feelings and perceptions about their communication skills. The speech language pathologist used this opportunity to observe the students overall responsiveness to questions, sequencing of ideas, fluency, voice and articulation. The students were subsequently scheduled for observation in the referring teacher's classroom. Following observation of a student's classroom performance, meetings were scheduled with the teachers. Results of the speech and language screening and classroom observation data were discussed with the teacher.

During the third month of implementation, the writer distributed another speech language newsletter in faculty mailboxes and continued the screening process described above. The focus of the second newsletter was Attention Deficit Hyperactive Disorder. (see Appendix H) The writer chose this topic because it was assumed that the faculty might have a general level of awareness of this syndrome but not the accompanying language involvement. The teachers were drawn to the conclusion through this newsletter that students with symptoms of Attention Deficit Hyperactive Disorder should be referred to the speech language pathologist for possible support services.

Finally, the writer distributed the post implementation questionnaires. After analyzing and evaluating the data, the writer met with school administrators to the discuss the overall effectiveness of the public relations campaign.

CHAPTER V

RESULTS, DISCUSSION AND RECOMMENDATIONS

Results

The problem the writer was facing in the work setting was adolescents with speech and language impairment not receiving available support services because of under identification of this population. Speech language pathologists working in the public schools conduct yearly screenings to identify students with speech and language impairment; these are usually performed in the elementary years. At the high school level, the speech language pathologist is highly dependent upon the referrals of other professionals to identify students in need of speech language support services.

It was anticipated that increasing teachers' knowledge and understanding of communication disorders in adolescents as well as their awareness of the support services available at the high school to help these students would increase teachers' referrals for speech language support services. These goals were addressed by implementing a three month public relations campaign using the marketing principles of repetition, novelty, and multiple channels of communication. Teacher in-service training was administered both in large group presentation to the faculty and small group format at department meetings.

A systematic procedure was established for screening students referred for suspected communication disorders. This included a language screening test, an interview with each student, and classroom observation. Collaborations between the high school teachers and the speech language pathologist were fostered by using classroom observation data and screening results. These were used as basis for follow-up meetings with the teachers regarding students' needs.

The results of this practicum were as follows:

Outcome 1: There would be an increase in the number of students from mildly handicapped and regular education classes referred to the speech language pathologist. For the last three years, the average number of referrals was three or four a year. It was expected that this number would increase to six.

A total of 12 teacher referrals was received for speech language support services during the three month period of the public relations campaign. Of these 12 referrals, 8 students were from regular education classrooms and 4 were from special education classes for the mildly handicapped. The number of referrals received as a result of the public relations campaign exceeded the pre-implementation yearly average of three or four referrals a year and is double the projected outcome for this practicum.

Outcome 2: In the past, three out of five or 60% of the students referred to the speech language pathologist for screening were considered appropriate for further evaluation. It was anticipated that the appropriateness of new referrals would increase to four out of five or 80%.

Of the 12 students referred for speech and language support services, 10 met the established criteria for appropriateness for speech and language support

services. That is, five out of six or 83% of the students referred demonstrated difficulty with articulation, fluency, or language skills. This exceeds the projected outcome for "appropriateness" of referrals.

Outcome 3: The number of regular education and mildly handicapped students on the speech therapy caseload would be increased by five.

The expected outcome for increase in caseload numbers was met. Six students will be added to the speech and language caseload as a result of this practicum. Of the remaining appropriate referrals, two students were already on the speech and language support service caseload. Two senior students, while eligible for service by the criteria set forth in this practicum, were clearly unmotivated toward intervention at this point in their maturation.

Outcome 4: There would be increased teacher awareness regarding the speech language support services available within the high school.

Analysis of the teacher awareness questionnaires revealed an increase in awareness of the speech language support services at the high school for 14 out of 16 respondents.

Outcome 5: There would be increased teacher knowledge and understanding of communication disorders in adolescents.

Analysis of the teacher awareness questionnaires revealed an increase in teachers' knowledge and understanding of communication disorders in adolescents for 12 out of 16 respondents.

Outcome 6: There would be an increase in the number of consultations between teachers and the speech language pathologist.

The sixth expected outcome was met. The writer had eight consultation meetings with teachers during the course of the three month implementation

period of the practicum. This compares to two meetings with teachers over the same period of time in the last school year.

Outcome 7: There would be an increased number of new teachers making referrals for speech language support services. It was anticipated that there would be at least five additional referral sources.

The seventh expected outcome was met. There were as a result of this practicum five teachers who made referrals for speech language support service that had never done so in the past.

Discussion

The importance of early intervention for students with communication handicaps has been well established. Less commonly acknowledged is the importance of identification and intervention for adolescents with communication disorders. In fact, subtle language or speech disorders may not appear as a handicapping condition in the early school years but could seriously hamper the adolescent's adjustment in academic, social and vocational areas at the high school level. The speech language pathologist working at the high school can provide a critical service for these students if they are identified.

The writer was able to identify students at the high school level eligible for speech and language support services by launching a three month public relations campaign to increase teacher referrals of these students. While the general results of this effort were clearly positive, it is recognized that "all" of the students at the high school who would qualify for speech and language support were not identified as a result of this effort. It is assumed that the public relations campaign had a cumulative effect, with each component contributing to the

overall positive result. An analysis of the data rendered some interesting hypotheses as to the most potent aspects of the campaign.

Following the guidelines suggested by James and Cooper (1966), the writer began the campaign by distributing a newsletter (see Appendix G) with general information about the nature of speech and language disorders. At the end of the newsletter, the teachers were invited to refer students by placing names in the therapist's mailbox. No referrals were received in this manner after the distribution of the first newsletter. The majority of referrals was received during the course of the in-service training programs. Initially, a ten minute presentation was made to the entire faculty. Three faculty members approached the writer at the conclusion of this meeting to refer students for speech and language screening. Two subsequent small group discussions were held with the math and English departments during their regularly scheduled department meetings. Six additional referrals were made by the teachers during the course of these small group discussions. The hypothesis that the smaller group format would be less threatening for some teachers held true. Several teachers elected the small group discussion over the large group format as a time to make referrals to the speech language pathologist. One teacher did refer two students via a note in the writer's mailbox, however that occurred during the second month of implementation and was after the faculty in-service presentation.

The bulletin board display received several positive comments from the school administration and the information in the newsletters was not without merit, but these promotional activities would not have insured the success of the public relations campaign. As suggested by Fiyiki and Brinton (1984) the principle of message repetition is important to in-service training of teachers.

Moreover, the writer feels repeated personal contact with the teachers was the single most powerful predictor for the success of this campaign.

Significantly positive results were seen in the proportion of referrals that were appropriate for speech and language support service; 10 out of 12 referrals failed the screening examination by at least one of the criteria set up for this practicum. Nine students failed the language screening test and one student presented an articulation disorder. The regular education teachers did, apparently, process the information that academic failure or behavior problems could be a function of a language handicap. Some of the concerns teachers presented for these students included: (a) refuses to speak in class, (b) failing English, (c) bullies other students and is disruptive in class, (d) failing Algebra, and (e) refuses to complete written assignments. One of the students considered inappropriate for speech and language support services was a recent immigrant to the United States and spoke English as a second language. This type of problem is not one that is typically addressed by the speech language pathologist. The other referral that was considered inappropriate was referred because the teacher was concerned about the student's rapid rate of speech. This student, however, was fully intelligible, did not stutter, and did not consider his rapid rate of speech to be a communication problem. In addition, he was functioning at the top academic level in all of his classes.

There were no voice cases referred. In contrast to the three 75 minute voice in-service training provided by DiGregorio and Polow (1985) to train teachers to identify voice disorders, this writer was imposed with severe time limitations for staff training. The subject of voice disorders was only alluded to briefly as the writer's short in-service training sessions were designed to be

consumer oriented and geared more toward perceived teacher concerns. The writer concluded that the high school teachers need additional training in the identification of voice disorders in adolescents.

The writer anticipated that the majority of students referred for speech and language screening would express concern or anxiety about their own communication abilities. Analysis of the student oral interview (see Appendix D) revealed otherwise. Most of the students appeared to be shocked that they had been referred by one of their teachers to the speech language pathologist. Only two of the students expressed personal concern about their speaking abilities; they reported that their friends have difficulty understanding them when they speak. One student, referred because of behavioral difficulties, was clearly angry at the implication that anything could be wrong with his speech however the next day he stopped by the therapy room to ask when he would begin his speech lessons. It is predictable that negative responses would be expected in this line of questioning and suggestion of a speech or language problem. The writer found the student oral interview format useful as a means to sample spontaneous speech and to examine the student's general responsiveness to questions. However, it should not be used as a tool to evaluate the adolescent's motivation toward intervention as initial negative responses seem to be the norm.

One of the positive unexpected results of this practicum was the referral of two previously identified students. These students were experiencing previously unidentified difficulties in their classrooms. Receipt of these referrals opened the door for a collaborative effort between the speech language pathologist and the students' teachers. The speech language pathologist could address teacher concerns in individual therapy sessions and additionally provide strategies for the

teacher to incorporate into the classrooms. Making classroom observation an integral part of the screening procedure was critical toward achieving one of the outcomes anticipated for the practicum. This achievement was in the area of increasing teachers consultations.

Table 1

Comparison of combined means for teacher awareness and knowledge indicators.

	Pre-implementation N=21	Post-implementation N=17
Awareness	Mean = 3.0	Mean =3.8
Knowledge	Mean = 2.7	Mean =3.1

A questionnaire was designed to indicate teacher awareness of the speech and language support services available at the high school and teacher general knowledge of communication disorders in adolescents. The teachers were asked to respond to a 1 to 4 level Likert rating scale, with responses ranging from "no awareness" to "highly aware". (see Appendix A) For ease of comparison, four of the questionnaire items were extracted and responses combined to yield an average indication of teacher awareness prior to and after implementation (see Table 1). The questions related to awareness asked about: (a) awareness of support services, (b) awareness of the referral process, and (c) awareness of services that are available for shy and withdrawn students. The

remainder of the questions were likewise combined and tabulated to yield an overall indication of teacher knowledge of communication disorders. As shown on Table 1 teachers reported an overall increase in both of these dimensions, knowledge and awareness, after the three month implementation period.

Table 2

Comparison of combined means for teacher knowledge of communication disorder by diagnostic category.

	Pre-implementation N=21	Post-implementation N=17
Knowledge of language disorders	Mean = 3.0	Mean =3.3
Knowledge of voice, articulation, and fluency disorders.	Mean = 2.3	Mean =2.7

The writer found it illuminating to further examine teachers' combined responses to questionnaire items indicating their perceived level of knowledge of communication disorders by diagnostic categories (see Table 2). For ease of comparison, the items related to knowing the characteristics of language disorders were collated and contrasted to the questionnaire items related to voice, fluency and articulation disorders. It should be pointed out that actual teacher knowledge was not tested as emphasis was given to teacher perception of what should be knowledge. The highest responses were to questions related to awareness of the characteristics of language disorders with the least amount

of awareness given to knowing the characteristics of fluency, voice, or articulation disorders at the pre and post-implementation phase respectively.

Analysis of responses to singular questions yielded additional information. For example; the highest reported level of teacher awareness , pre-intervention, was the availability of service (Mean = 3.6). In other words, the teachers were generally highly aware that speech language support services existed at the high school but reported to have less awareness that they could either make referrals (Mean = 3.1) for service or where those referrals should be sent (Mean = 2.9). At post-intervention, all of the respondents (n = 17) reported that they were highly aware that they could make referrals for speech and language support service (Mean = 4.0).

One English teacher surprisingly commented that he didn't think being shy or withdrawn posed a problem for students. He wrote, "What's wrong with being shy and withdrawn?" Communication apprehension, which could surface as these personality traits, has been shown to be a cause for some students to drop out of school (Monroe, Borzi, & Burnell, 1992).

Another interesting observation gleaned from the questionnaires was found by looking at individual teacher total scores and comparing the difference from the pre-implementation to post-implementation responses. The range of difference was from +18 to -2. Four of the respondents, all teachers from the mildly handicapped programs, reported having less knowledge or less awareness of speech and language services after the public relations campaign. Interpretation of these results leads the writer to believe that either these teachers were less than honest in their initial responses to the questionnaire or perhaps the information they received during the course of the public relations

campaign enabled them to admit, finally, to having known less than they thought they did. One teacher, actually scored all the questions at 4.0 at the pre-intervention phase lending support to this argument.

All teachers were given and asked to respond to the post implementation questionnaire whether they had responded to the pre-implementation instrument or not. There were nine teachers who had not filled out the questionnaire originally who took the time to complete the questionnaire at post implementation. The writer believes the public relations campaign was successful in enlisting the cooperation of these teachers and indicates an increased level of interest in the speech and language support program.

Finally, there were several unanticipated positive results of the public relations campaign. At the conclusion of the in-service presentation at the English department meeting, the writer was invited to use the department's computer writing lab for speech and language intervention. One assistant principal invited the writer to provide additional in-service education for teachers as part of the teachers' required staff development training hours. This would be offered to the faculty on a volunteer basis. Several teachers indicated their interest in these forthcoming in-service training sessions.

Recommendations

1. When designing a public relations campaign in a school setting, it is critical to enlist the support of the school administration. If clear measurable objectives are communicated to the administration, these individuals can be instrumental in releasing faculty meeting time for the purpose of in-service training on the topic of communication handicaps.

2. Classroom observations, while difficult to schedule and somewhat time consuming, are essential for establishing the lines of communication between itinerant personnel and the faculty of the school. It is best for the speech language pathologist to maintain a flexible schedule in order to accomplish this objective.

3. It may prove worthwhile to target and train selected faculty groups in the identification of specific speech and language disorders. For example, the school counselors could be trained to refer students whose communication disorders are emotionally based while the school nurse could receive instruction on the identification of voice disorders. Use of video or audio tapes demonstrating speech disorders in adolescents could aid teachers in the identification of voice, fluency, and articulation disorders.

4. Any public relations campaign should have measurable objectives, a set time frame, and message repetition as guiding principles.

Dissemination

Dissemination of the results of this practicum will be accomplished through submission of an article to the school district's speech language pathology department newsletter reaching 150 staff members. The writer will offer to provide presentations to the speech language pathologists at their regional meetings. In addition, the writer will write proposals for presentations at state and national speech language and hearing association conventions.

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APPENDIX A

TEACHER QUESTIONNAIRE

Teacher Questionaire
Awareness of High School Speech and Language Support Services

Circle Number
1=No Awareness
2=Very Little Awareness
3=Some Awareness
4=Highly Aware

1. I am aware that there are support services available at the high school for students with speech or language impairments. 1 2 3 4
2. I am aware that I can make a referral to speech and language support services for students in my classes. 1 2 3 4
3. I am aware when to refer a student for speech and language support services at the high school. 1 2 3 4
4 I am aware where to refer a student for speech and language support services at the high school. 1 2 3 4
5. I am aware of the correlation between language impairment and behavior problems in adolescents. 1 2 3 4
6. I am aware that there are support services available at the high school for students who are shy and withdrawn in my classroom. 1 2 3 4
7. I am aware of the characteristics of voice disorders. 1 2 3 4
8. I am aware of the characteristics of fluency disorders. 1 2 3 4
9. I am aware of the characteristics of articulation disorders . 1 2 3 4
10. I am aware of students with articulation, fluency, or voice disorders in my classes. 1 2 3 4
11. I understand and am aware of the impact of a language impairment on a student's academic performance. 1 2 3 4
12. I am aware of language impaired students in my classrooms. 1 2 3 4

APPENDIX B

QUESTIONNAIRE COVER LETTER

Dear Faculty,

As part of the requirements for the completion of my doctoral studies I am conducting a study of the students at our high school with possible communication impairments.

Your responses to the attached brief questionnaire are critical to my efforts during the data gathering process of my research. This questionnaire consists of statements designed to sample your awareness of speech and language disorders and the services available for students with these problems at Roxborough High School. There are no right or wrong answers and your responses will remain confidential.

Please take a few moments of your already tight schedules to complete the questionnaire by November 10, 1993. You may return them to my mailbox in the main office or my office in Room 204.

Thank-you most sincerely for supporting my efforts.

APPENDIX C

CLASSROOM OBSERVATION FORM

Classroom Observation Data

Student's Name: Grade:

Date: Time From_____to_____

Curricular Area/Lesson Goal/Specific Task

Language Concepts

Vocabulary (Explicit)

Student Verbal and Nonverbal Communication Behavior (e.g., attention to speaker, responses to questions, asks for clarification, following directions, comprehension, production, on-task behavior)

Student/Peer Verbal Interactions (e.g., conversation starters, turn taking, responses)

Communication Breakdowns

Hypotheses

Recommended Strategies

APPENDIX D

STUDENT INTERVIEW

Interview
High School Students' Self-Perception of Communication Ability

1. Do you ever have any trouble speaking with others?

2. Do you think your friends, parents, or teachers ever notice how you speak?

3. Does anyone ever tell you that they have trouble understanding you?

4 Do you have any problems asking or answering questions in your classes?

5. Do you have any problems talking with your friends?

6. How do you feel about reading aloud in your classes?

7. How do you feel about speaking in front of your classes? (For example, giving a speech or a book report.)

8. If you could change something about the way you talk what would you change?

Additional Comments:

APPENDIX E

PRE-EVALUATION FLOW CHART

Pre-Evaluation Flowchart
Speech and Language

Student's Name_____Date of Referral:_____

Source:_____Position:_____

A. Presenting Concerns

B. Results of Speech and Language Screening

C. Results of Student Interview

D. Summary of Classroom Observation

General Impression

Teacher modifications indicated:

Student modifications indicated:

E. Teacher Consultation Date:_____

Strategies Recommended

New Ideas Generated

Follow-up meeting scheduled: ___Yes ___No

<u>Summary</u>

Referral: Appropriate_____ Inappropriate_____

Schedule for Diagnostic Evaluation Yes_____ No_____

Comments:

APPENDIX F

PRAGMATIC SKILLS CHECKLIST

Pragmatic Skills Checklist
Secondary Level Referral Criteria for Speech Language Support Services

A student should be referred for a speech language screening if they have difficulty with any of the listed communications skills.

Please put a check next to the behaviors you have observed.

__1. The student's speech is not clear and difficult to understand.
__2. The student does not participate in classroom discussions.
__3. The student initiates, changes, or completes a topic of conversation inappropriately.
__4. The student is not able to clarify a message when he/she is not understood.
__5. The student obtains the teacher's attention in an inappropriate manner.
__6. The student expresses ideas incoherently. (Too much or too little information, poor sequence of ideas.)
__7. The student's vocabulary is not age appropriate. (Non-specific vocabulary used)
__8. The student's rate or rhythm of speech is not appropriate. (Too fast, slow, choppy, disfluent.)
__9. The student does not use gestures, body language and facial expressions appropriately.
__10. The student does not observe personal space. (Stands too close or far away.)
__11. The student has difficulty following directions.
__12. The student does not ask or answer questions in class.
__13. The students does not express feelings or expresses feelings inappropriately.
__14. The student does not make an effort to understand what others say.
__15. The student does not ask for help or clarification when having difficulty understanding others.
__16. The student has difficulty understanding another person's point of view or empathizing with another's feelings.

Additional Comments: (Note situations where difficulty is occuring: (a) formal or informal, (b) with peers or adults, (c) familiar or unfamiliar situations. Describe student strengths. Which of the above communication problems are of greatest concern? Does the student have academic difficulties or behavior problems?) Use reverse side if needed.

APPENDIX G

NEWSLETTER 1

Spotlight on Speech Language Services

Student Identification Process

Have you ever wondered exactly what the school speech and language therapist does or for which part of the student population services are provided? I would like to take this opportunity to share some information regarding speech and language services available at your high school and inform you, fellow faculty members, of the importance of your contribution to the therapy process.

Presently, the majority of the students at the high school who receive speech and language support are students enrolled in special education classrooms. Although these students are in need of speech and language intervention, any student whose communication ability is negatively affecting his or her educational performance is entitled to receive this service. Presently, only 2 regular education students out of 1,117 are receiving speech and language therapy but chances are there are many more students in need of intervention.

At the high school level, mass screenings of students for communication disorders are not routinely performed. Identification of students with communication disorders is highly dependent on referrals from teachers and other faculty members who interact with the student body.

Determining the existence of a communication disorder is not always a simple task. Speech and language problems can be difficult to identify or they may manifest in ways other than verbal communication. Often students who have trouble with language production and comprehension suffer academically and in turn display behavioral problems. This may be due to frustration caused by limited communication ability.

Have you ever encountered a student whose verbal responses seemed "inappropriate". Perhaps the student has difficulty empathizing with another person's perspective and feelings. A student who lacks verbal coherance, has difficulty with topic maintenance, or uses nonspecific vocabulary - has symptons of language impairment. This type of communication disorder is referred to as a pragmatic communication problem and can greatly effect students in social, academic, and employment situations.

A speech problem which is frequently under identified in the schools is a voice disorder. Students who display vocal qualities such as chronic hoarseness, breathiness, nasality, or inappropriate pitch (too high or low for age or gender) may be candidates for speech and language services. Voice

characteristics such as these can be functional (just a habit) or organic with pathology in the vocal mechanism. Chronic hoarseness can result from abusive vocal behaviors (screaming, excessive talking, shouting) which left untreated can lead to more serious problems.

The speech and language therapist also provides services for disfluent speakers. Disfluency is often referred to as "stuttering", most commonly thought of as an expressive disorder in which words or sounds are repeated. Repitition of words or sounds is an obvious sign of disfluency but many disfluent speakers avoid speaking all together so these behaviors are not displayed. If a student refuses to give an oral report or is reluctant to volunteer to answer questions in class - you might be dealing with a stutterer.

Students at the high school with articulation disorders are eligible for speech language services. These students have difficulty producing the sounds of speech correctly. Sometimes their speech is simply difficult to understand. If you have to ask a student to repeat themselves to make themselves understood, a referral for speech language support services is possible.

Often teachers will assume that students with communication problems are already receiving services. This might not be the case. On the other hand, teachers may think it is too late to correct these problems if a student is at the high school level. Experience has proven otherwise. Frequently the high school student is highly aware of his communication difficulties and is therefore motivated toward intervention if it is offered.

Referrals for speech and language support services can be sent to the Speech Language office in room 204. A note with the student's name and yours is all that is needed.

APPENDIX H

NEWSLETTER 2

Spotlight on Speech Language Services

Attention Deficit Hyperactivity Disorder

The ability to pay attention is an important prerequisite to success in school. Any difficulty with attending skills can have an adverse effect on learning. Attention deficit hyperactivity disorder (ADHD) refers to the approximately 1 in every 20 (3-5%) of school children who have significant difficulty with attention. Although the specific cause of ADHD is still unknown, research has indicated the possibility of a genetic or other prenatal cause.

The terms used to identify these children have changed as knowledge of the disorder has increased. In the past, terms such as minimal brain damage or minimal brain dysfunction, learning disability, or hyperactive were used depending on the child's major area of difficulty. Today, attention deficit hyperactivity disorder is used to recognize the important relationship between attending skills and the ability to learn.

The onset of ADHD usually occurs before age 7. Behaviors associated with ADHD include: difficulty concentrating, easily distracted, poor organizational skills, acting before thinking, and needing constant supervision. Behaviors are chronic (present throughout the child's life), pervasive (present throughout the day), and are not due to other factors such as anxiety or depression.

Attention deficit disorder residual type (ADDRET) is sometimes used to indicate residual attention deficit disorder (ADD) in older adolescents who were previously identified as ADHD at a younger age but who no longer exhibit hyperactivity.

ADHD is present in children with average ability and in those who are gifted. It affects males and females, but is more prevalent in males. Most often, these children appear restless and fidgety, but some appear lethargic, shy, and withdrawn. Social and emotional problems are common. They may be rejected by their peers. Academic difficulties, behavioral problems, low self- esteem, aggressiveness, and, at times, depression may occur.

ADHD and Learning Disabilities

ADHD and learning disabilities frequently occur together, however, they are not the same. Learning disabilities include difficulty with receiving, organizing, understanding, remembering, and offering information. ADHD

involves paying attention to information. Between 10 and 20% of all school-aged children have learning disabilities. Of those with learning disabilities, about 20 to 25% will also have ADHD.

Treatment

Medication (such as; Toframil, Desipramine, Catapress, Tegretol, Ritalin) may be prescribed to control or treat symptoms by a physician who is familiar with ADHD. Educational interventions such as accommodations within the regular classroom (for example; preferential seating, simplifying instructions, and elimination of distractions), compensatory education (for example, tutoring), or placement in special education programs may be suggested.

Speech language pathologists are specialists in human communication and should be consulted to evaluate speech and language skills, identify areas of strength and weakness in communication, and provide appropriate recommendations and treatment, if indicated.

Family and/or individual treatment may help to deal with aggression, frustration, and feelings of failure in getting along with family, school personnel, and peers.

Previous treatment approaches including food-additive free diets, elimination of sugar, and megavitamin supplements have been found to be of little value.